

12

14

14

ACTIVITY	RANKINGS		
ROCKING			
SWINGING			
SLIDING			
CLIMBING			
STRONG GRIP			
ENJOYS HEAT			
ENJOYS COLD			
LIKES MANY FOODS			
LIKES HARD FOODS			
LIKES CRISP FOODS			
LIKES SOFT FOODS			
ABLE TO EAT ON OWN			
LIKES FRUIT			
LIKES MILK			
LIKES WATER (DRINKING)			
ENJOYS ELECTRONICS			
ENJOYS TV			
ENJOYS COMPUTERS			
ENJOYS PICKING UP SMALL ITEMS			
ENJOYS WALKING			
ENJOYS RUNNING			
ENJOYS BEING CHASED			
ENJOYS ORDERING THINGS			
ENJOYS LIGHT			
ENJOYS DARK			
ENJOYS STRONG COLORS			
ENJOYS PASTELS			
ENJOYS COLORING			
ENJOYS DRAWING			
ENJOYS CUTTING			
ENJOYS PASTING			
ENJOYS MUSIC			
ENJOYS NATURAL SOUNDS			
ENJOYS MECHANICAL SOUNDS			
ENJOYS LINKING ITEMS			
ENJOYS UNHOOKING ITEMS			
ENJOYS MATCHING ITEMS			
ENJOYS WORKING WITH HANDS			
ENJOYS WRITING			

ACTIVITY	RANKINGS		
ENJOYS BATHING			
ENJOYS FLOATING			
ENJOYS HIKING			
ENJOYS BOATING			
ENJOYS BEING DRIVEN			
ENJOYS DOGS			
ENJOYS CATS			
ENJOYS FISH			
ENJOYS BIRDS			
ENJOYS HORSES			
ENJOYS CHEWING			
ENJOYS CLEAR THINGS			
ENJOYS HEAVY THINGS			
ENJOYS THINGS THAT ROLL			
ENJOYS THINGS THAT STACK			
ENJOYS PUZZLES			
ENJOYS READING			
ENJOYS BEING READ TO			
ENJOYS SOFT FABRICS			
ENJOYS GRANULAR OBJECTS			
ENJOYS PLIABLE OBJECTS			
ENJOYS FLAPPING			
ENJOYS PULLING THINGS			
ENJOYS PUTTING THINGS AWAY			
ENJOYS TAKING THINGS OUT			
ENJOYS TAKING THINGS APART			
ENJOYS BEING TICKLED			
ENJOYS TICKLING			
ENJOYS HAVING DEEP PRESSURE			
ENJOYS LIGHT TOUCHES			
ENJOYS HAVING HANDS HELD			
ENJOYS TOUCHING OTHERS			
ENJOYS FINDING THE EDGES			
ENJOYS FREEDOM			
ENJOYS INDIVIDUAL TIME			
ENJOYS BEING PHYSICALLY CLOSE			
ENJOYS EXPLORING			
ENJOYS EATING OUT			
ENJOYS SPECIFIC VIDEO'S			
ENJOYS TEASING			

10

Fig. 1

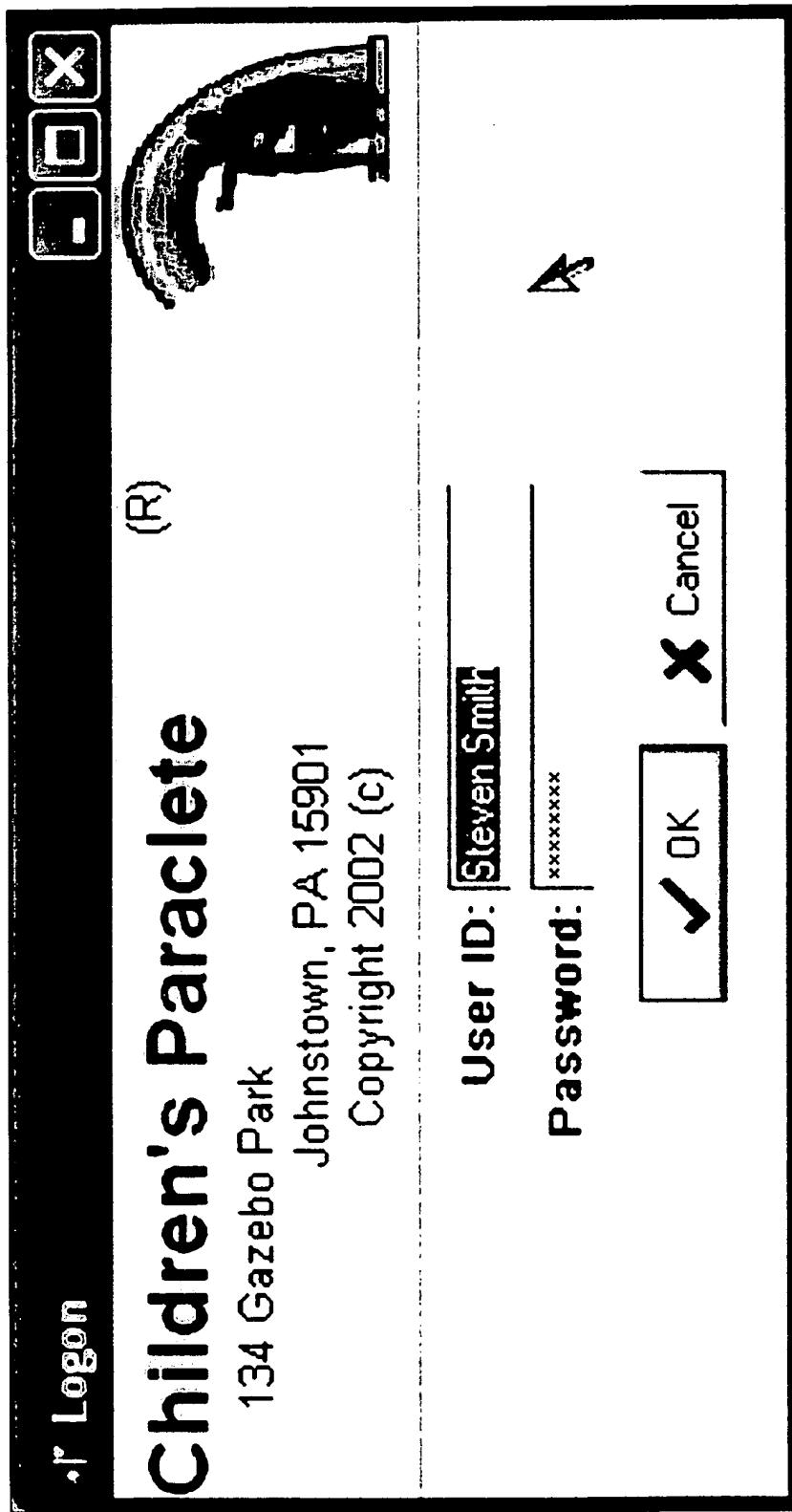


Fig. 2

Fig. 3

20

22

24

• Children's Paraclete

File Edit Search View Tools Help

Client Name

Date of Assessment ▶

Relational Development | Play Development | Strengths | Family Values | Assessment | Treatment Plan Approach Summary | Crisis Intervention |

Clients | Client General Information | Danger Awareness, Dangerousness, Issues & Responsiveness Development | Emotional Development | Cognitive Development |

Client Name Assessment Date Reporting

▼ Johnny Smith Mike Doe

BSCLMT Name

 New  Delete  Search  Print  Summarize

◀ ▶

22

24

Children's Paraclete

File Edit Search View Tools Help

Client Name	Johnny Smith	Name of Person Reporting	Steven Smith
Date of Assessment	10/10/2002 ▾	BSC:MT Name	Steven Smith
Client General Information	Relational Development Play Development Strengths Family Values Assessment Treatment Plan Approach Summary Treatment Plan Crisis Intervention Danger Awareness Dangerousness Business Issues & Responsiveness Development Emotional Development Cognitive Development		
First Name:	Johnny	Last Eval Date:	10/17/2002 ▾
Last Name:	Smith	Medications:	None
Birth Date:	10/17/1995 ▾	Emergency Contact List:	Susan Smith
Insurance #:	93934	Case #:	940702
Start Date:	10/17/2002 ▾	Evaluations:	2
Case Manager:	Jerry	Family Member Name:	
Referring Agency:	County Mental Health	Susan Smith	
Authz. Length:	4 Months	Bob Smith	
Referral Date:	10/17/2002 ▾		
Legal Guardian:	Susan Smith		

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Fig. 4

• Children's Paraclete

File Edit Search View Tools Help

Client Name

Date of Assessment ▶

Name of Person Reporting

BSC:MT Name

Relational Development | Play Development | Strengths | Family Values | Assessment | Treatment Plan Approach | Summary | Treatment Plan | Crisis Intervention | Crisis Intervention | Client General Information | Danger Awareness, Dangerousness Issues & Responsiveness Development | Emotional Development | Cognitive Development | Cognitive Development

A. Safety Issues B. Aggressive Issues 28

5. 1. Child shows an awareness of visual cliffs such as stairs and stops when they are unable to negotiate such obstacles.

4. 2. Child climbs only on appropriate things.

2. 3. Child shows awareness of moving cars or other such dangers.

2. 4. Child stops at the side of the street and waits for someone to cross with.

3. 5. Child stops and looks for oncoming traffic before crossing the street with assistance.

1. 6. Child stops and looks for oncoming traffic before crossing the street without assistance.

1. 7. Child demonstrates and understanding of traffic signals.

1. 8. Child demonstrates an understanding of crosswalks.

2. 9. Child stops when caregiver calls his/her name in public settings. A

2. 10. Child does not leave the house without permission.

2. 11. Child knows how to unlock, lock and open doors and windows.

2. 12. Child only opens cabinets in the house that are safe for them.

New | Delete | Search | Print | Summarize

•r Children's Paraclete

File Edit Search View Tools Help

Date of Assessment 10/10/2002 ▶

Client Name Johnny Smith
BSC/MT Name Steven Smith

Clients | Client General Information | Danger Awareness, Dangerousness, Issues & Responsiveness | Emotional Development | Cognitive Development | Crisis Intervention
Relational Development | Play Development Strengths | Family Values | Assessment | Treatment Plan Approach Summary | Treatment Plan | Crisis Intervention

Yes ▶ Rocking 32	No ▶ Enjoys Electronics	No ▶ Enjoys Pasting	Yes ▶ Enjoys Talking
Yes ▶ Swinging	No ▶ Enjoys TV	Yes ▶ Enjoys Music	Yes ▶ Enjoys Writing
Yes ▶ Sliding	No ▶ Enjoys Computers	No ▶ Enjoys Natural Sounds	No ▶ Enjoys Floating
No ▶ Climbing	Yes ▶ Enjoys Picking Up Small Items	Yes ▶ Enjoys Linking Items	No ▶ Enjoys Hiking
Maybe ▶ Strong Grip 31	No ▶ Enjoys Walking	Yes ▶ Enjoys Unhooking Items	No ▶ Enjoys Boating
Yes ▶ Enjoys Heat	No ▶ Enjoys Running	No ▶ Enjoys Matching Items 31	No ▶ Enjoys Being Driven
No ▶ Enjoys Cold	No ▶ Enjoys Being Chased	Yes ▶ Enjoys Working w/Hands	No ▶ Enjoys Dogs
No ▶ Likes many foods	Yes ▶ Enjoys Ordering Things	No ▶ Enjoys Working w/Foot	Yes ▶ Enjoys Cats
No ▶ Likes hard foods	No ▶ Enjoys Light	No ▶ Enjoys Working w/Mouth	Yes ▶ Enjoys Fish
Yes ▶ Likes Crips Foods	No ▶ Enjoys Dark	Yes ▶ Enjoys Exploring New Things	Yes ▶ Enjoys Birds
No ▶ Likes Soft Foods	Yes ▶ Enjoys Strong Colors	Yes ▶ Enjoys the Same Thing	No ▶ Enjoys Horses
Yes ▶ Able to eat on own	Yes ▶ Enjoys Pastels	Yes ▶ Enjoys Being Held	No ▶ Enjoys Chewing
Yes ▶ Likes Fruit	Yes ▶ Enjoys Coloring	Yes ▶ Enjoys Being Talked To	Yes ▶ Enjoys Clear Things
Yes ▶ Likes Milk	No ▶ Enjoys Drawing	Yes ▶ Enjoys Trying to Talk	No ▶ Enjoys Hearing Things
Yes ▶ Likes Water (Drinking)	Maybe ▶ Enjoys Cutting	No ▶ Enjoys Attention	No ▶ Enjoys Things That Roll

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Fig. 6

Children's Paraclete

File Edit Search View Tools Help

Client Name Date of Assessment **36** BSC:MT Name

Client General Information | Danger Awareness, Dangerousness Issues & Responsiveness Development | Emotional Development | Cognitive Development | Relational Development | Play Development | Strengths | Family Values | Assessment | Treatment Plan Approach Summary | Treatment Plan | Crisis Intervention

1. What does a typical day in this family look like?

The family gets up and eats breakfast individually, while mom takes care of Johnny's needs by dressing and feeding him

33

2. What kinds of things do you do to relax or relieve stress?

We used to go and ride bikes, but since we had Johnny there is little that we do to relax.

I

33

3. Which is more important to you? To spend time alone or with friends?

We love to spend time with friends, however Johnny's needs have limited our circle of friends

33

4. Order in your daily life or the flexibility to take one day at a time?

We try and create order but it seems that no matter what we do things fall apart

33

5. For the children to look up to you and be admiring or know you are obeyed?

I would rather have the children admire me

New

Fig. 7

Children's Paraclete

File Edit Search View Tools Help

Client Name: Johnny Smith Name of Person Reporting: Steven Smith

Date of Assessment: 10/10/2002 BSC:MT Name: Steven Smith

Clients | Client General Information | Danger Awareness, Dangerousness Issues & Responsiveness Development | Emotional Development | Cognitive Development | Relational Development | Play Development | Strengths | Family Values | Assessment | Treatment Plan Approach Summary | Treatment Plan | Crisis Intervention

Global | Emotional | Cognitive | Relational | Play | 38 | 42

Global Domain Graph

Text Summary

Results of Domain Assessment

Global Domains

** The assessment profile suggests that dangerousness issue flags need to be carefully examined to insure the safety of the child. Treatment of the child must focus on minimizing risk factors. Further, splinter skills need to be noted so as not to assume safety. **

* Johnny demonstrates an understanding of moving cars.
Rarely seen

* Johnny stops when his name is called in public settings.
Rarely seen

* Johnny does not leave the house without permission.
A few times

* Children with similar protocols tend to need close constant supervision*

New | Delete | Search | Print | Summarize

Fig. 8

Children's Paraclete

File Edit Search View Tools Help

Client Name: Johnny Smith Name of Person Reporting: Steven Smith

Date of Assessment: 10/10/2002 BSC:MT Name: Steven Smith

Clients | Client General Information | Danger Awareness, Dangerousness Issues & Responsiveness Development | Emotional Development | Cognitive Development | Relational Development | Play Development | Strengths | Family Values | Assessment | Treatment Plan Approach Summary | Treatment Plan | Crisis Intervention

Children's Paraclete Treatment Plan Summary 44

Minimum Treatment Plan Sections to be implemented:

Section 1: Dangerousness Issues
 1a-ii Elopement concerns
 1a-iv Lack of awareness of danger both specific and contextual

Section 2: Emotional Development
 2a Floortime 4x for 20 minutes daily with TSS
 Floortime with parent at least once daily
 (Overlapping sections to be suggested: 3c-i ; 3c-ii)

Section 3: Cognitive Development
 3a-iv Generalizability of rules and applications
 3d Work on understanding past-present-future
 (Overlapping sections to be suggested: 3a-vi; 5a-iii)

Section 4: Relational Development
 4a Interaction with objects and animals (encouraging more interaction)
 4b Interaction with others outside of floortime
 (Overlapping sections to be suggested: 3d; 4d; 5a-ii; 5a-iii)

New Delete Search Print Summarize

Fig. 9

Fig. 10A

Children's Paraclete

File Edit Search View Tools Help

Client Name **Name of Person Reporting**

Date of Assessment **BSC:MFT Name**

Clients | Client General Information | Danger Awareness, Dangerousness, Issues & Responsiveness | Emotional Development | Cognitive Development | Relational Development | Play Development | Strengths | Family Values | Assessment | Treatment Plan Approach Summary | Treatment Plan | Crisis Intervention |

Children's Paraclete Treatment Plan

1a (iv) Specific Observable Goal with Target Date:

Setting: Community
 Johnny will demonstrate proficiency in community safety practices/activities 90% of the time by demonstrating proficiency in at least two daily 10-15 minute activities through Target date of 01/31/03. With TSS monitoring, Johnny will be proficient 100% of the time in safety when in the community. Status of Goal: Emerging. Johnny has demonstrated approximately 50% of the time during the last Treatment Period. Johnny may elope to dash across the street if TSS was not available, or he will approach strangers. Johnny seems to be cyclical in his safety practices behavior awareness. There seems to be times when Johnny gets lost in "his world" and he can be unaware of safety practices that he should know. Then, there are times when he demonstrates appropriate safety awareness behavior. Client's response to strategy by TSS: At this time, Johnny's basic safety/danger issues with things like putting on his seatbelt, sharp knives, staying away from fire, hot stoves, hot water, etc. are not an issue with Johnny. However, if Johnny is perseverating on reaching up for something high, he will focus on the thing and not on the possible unsafe/dangerousness of getting the item. Johnny shows head knowledge: he can say what might have happened if..., but he does not demonstrate the practice. In other words, he knows that he should get help to get something that is too high for him to reach, but, instead, he will set about to get the item himself not practicing what he says that he know that he should not do.

Intervention Technique with Strategy
 Setting: Community

New **Delete** **Search** **Print** **Summarize**

Children's Paraclete

File Edit Search View Tools Help

Client Name Name of Person Reporting

Date of Assessment BSC/MT Name

Clients | Client General Information | Danger Awareness, Dangerousness Issues & Responsiveness Development | Emotional Development | Cognitive Development | Relational Development | Play Development | Strengths | Family Values | Assessment | Treatment Plan Approach Summary | Treatment Plan | Crisis Intervention |

90

Children's Paraclete Treatment Plan

1a-iv Specific Observable Goal with Target Date:

Johnny will have 1:1 supervision while in the community 100% of the time throughout the treatment period. Johnny will also participate in at least 3 safety activities daily chosen from the following list no less than 5 days per week.

Intervention Technique with Strategy

Setting: Community

Johnny will have the TSS touching him at all times until mastery of responding to his name while he is on sidewalks. The TSS will have Johnny stop at the edge of every curb and look down at his feet making a game of tapping his feet on the edge of the sidewalk 5 times. A game of redlight green light will be played with Johnny for at least 5 minutes at a time. Should Johnny not appear to understand the game another adult will play beside Johnny and use light touch to assist Johnny in stopping and starting and stopping when appropriate. Mastery will be considered when Johnny is able to consistently 'stop' or 'start' within 15 seconds of the command being issued for 4 consecutive weeks.

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Fig. 10B

Children's Paraclete

File Edit Search View Tools Help

Client Name: Johnny Smith Name of Person Reporting: Steven Smith

Date of Assessment: 10/10/2002 BSC/MT Name: Steven Smith

Client General Information | Danger Awareness, Dangerousness Issues & Responsiveness Development | Emotional Development | Cognitive Development | Relational Development | Play Development | Strengths | Family Values | Assessment | Treatment Plan Approach Summary | Treatment Plan | Crisis Intervention

60 52

Children's Paraclete Crisis Intervention

60 52

Crisis Management Plan Protocol for Johnny Smith
(Also for emergency)

1.) When Johnny starts an inappropriate or disruptive behavior, that TSS will try to redirect Johnny back on task.

2.) If the behavior becomes too disruptive, poses a danger or is inappropriate to the rest of the people and the surrounding area, the TSS will remove Johnny from the setting and take him to a safe place for verbal de-escalation. If the disruptive behavior or and/or inappropriate behavior continue, Johnny will be taken to a safe area to try to calm down. When in the community, the parked car maybe a quiet place for Johnny to go with the TSS. Concerns for the health, safety, and welfare of everyone involved must be emphasized. This may require the use of safe physical restraint those approved by Children's Paraclete, Inc. BSC will be notified if restraint techniques are used. TSS will document on the Clinical Progress Note Sheet and follow the school protocol, if in the school environment.

3.) If the self-calming activities and techniques are not successful after 15 minutes, the Behavioral Specialist Consultant will be notified. (If the behaviors occur at the school and the BSC has been notified, the Support Teacher may be notified for consultation and/or assistance. TSS will follow approved school protocol.)

4.) If the problem processes, the parent/adult will be notified: (notification will be made in the following order.)

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Fig. 10C

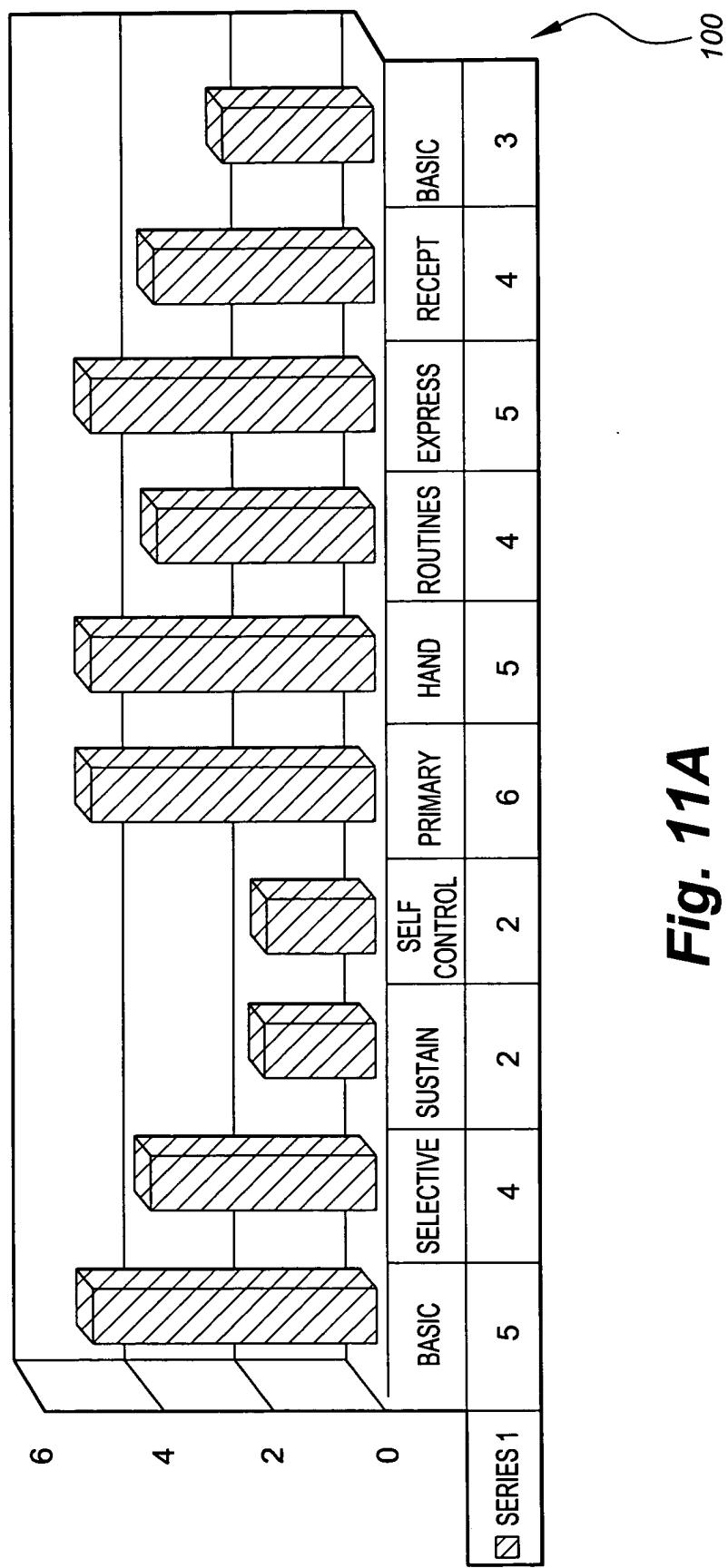
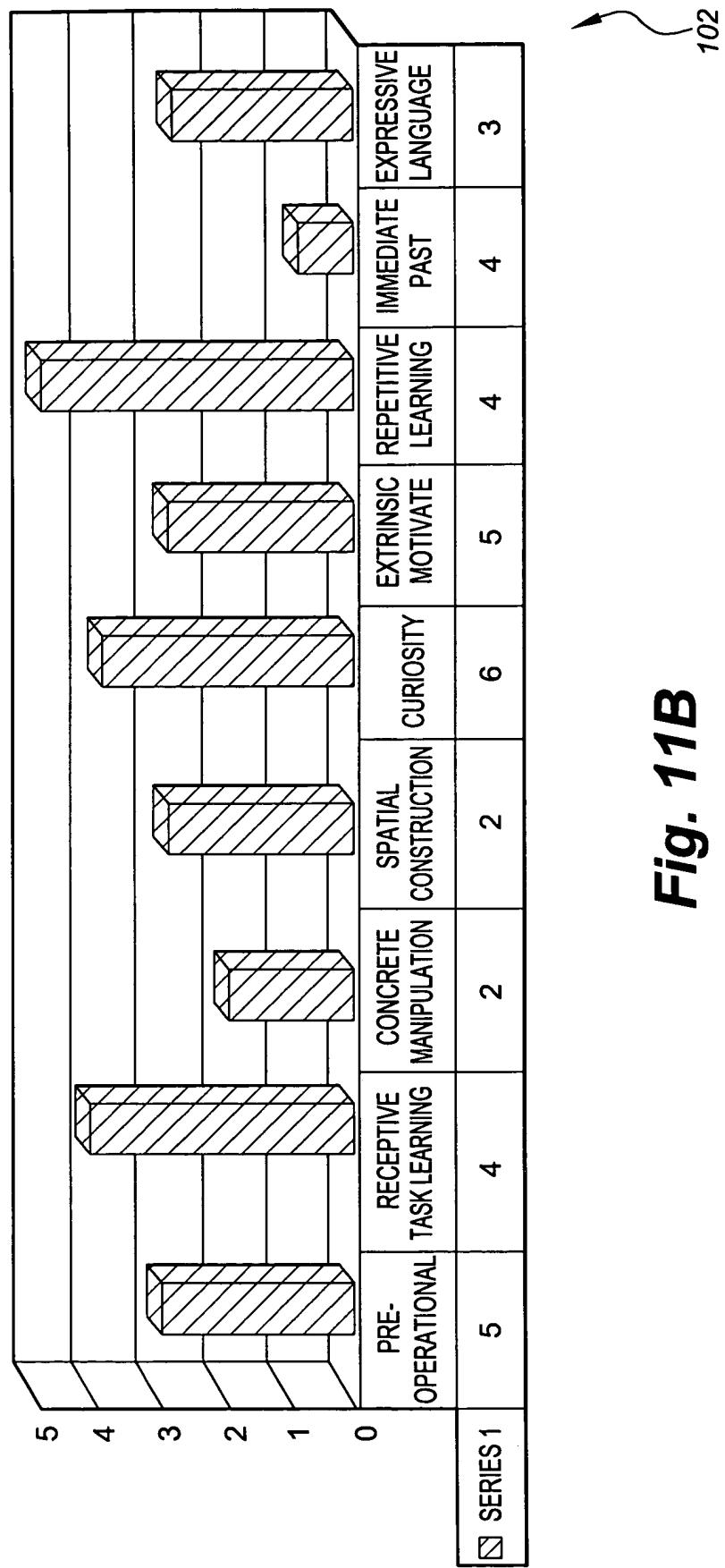


Fig. 11A



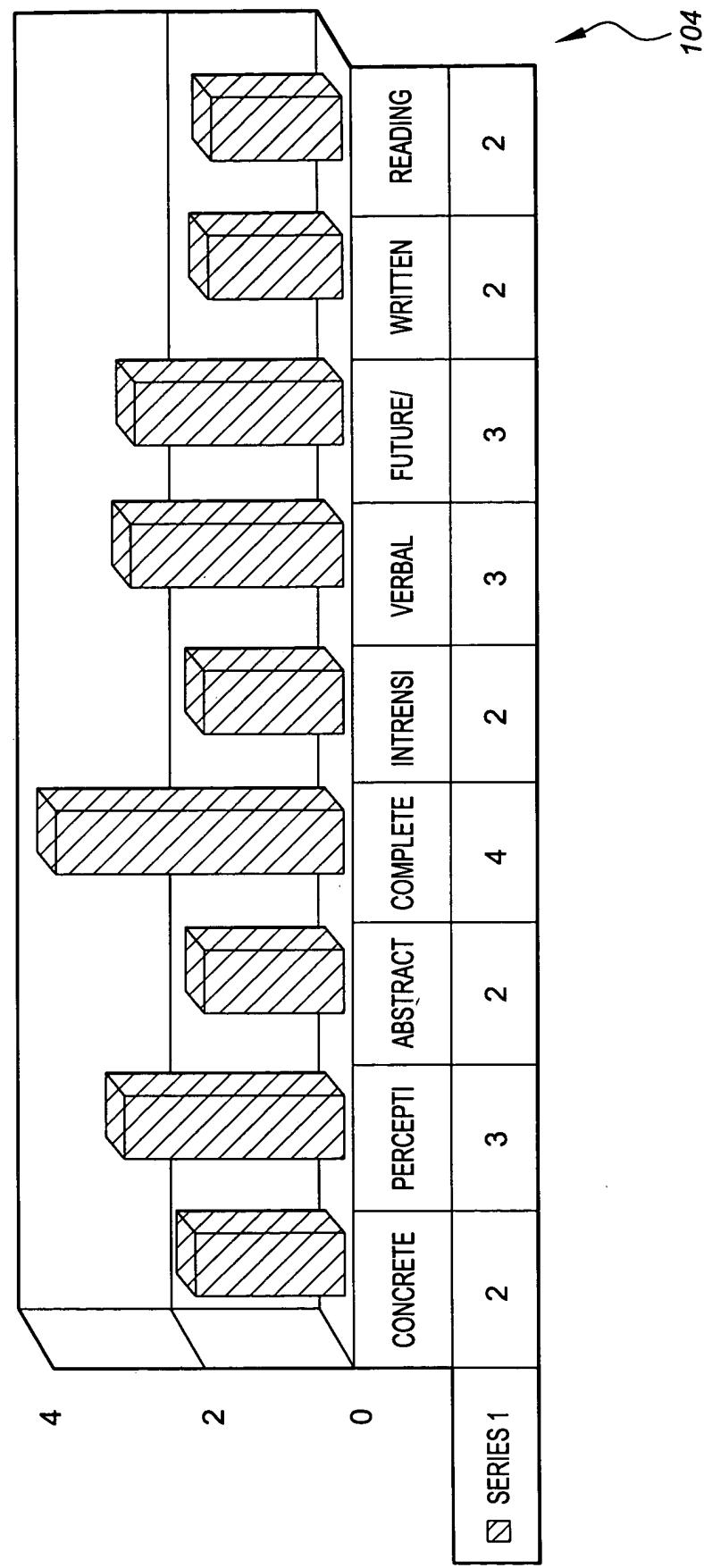


Fig. 11C

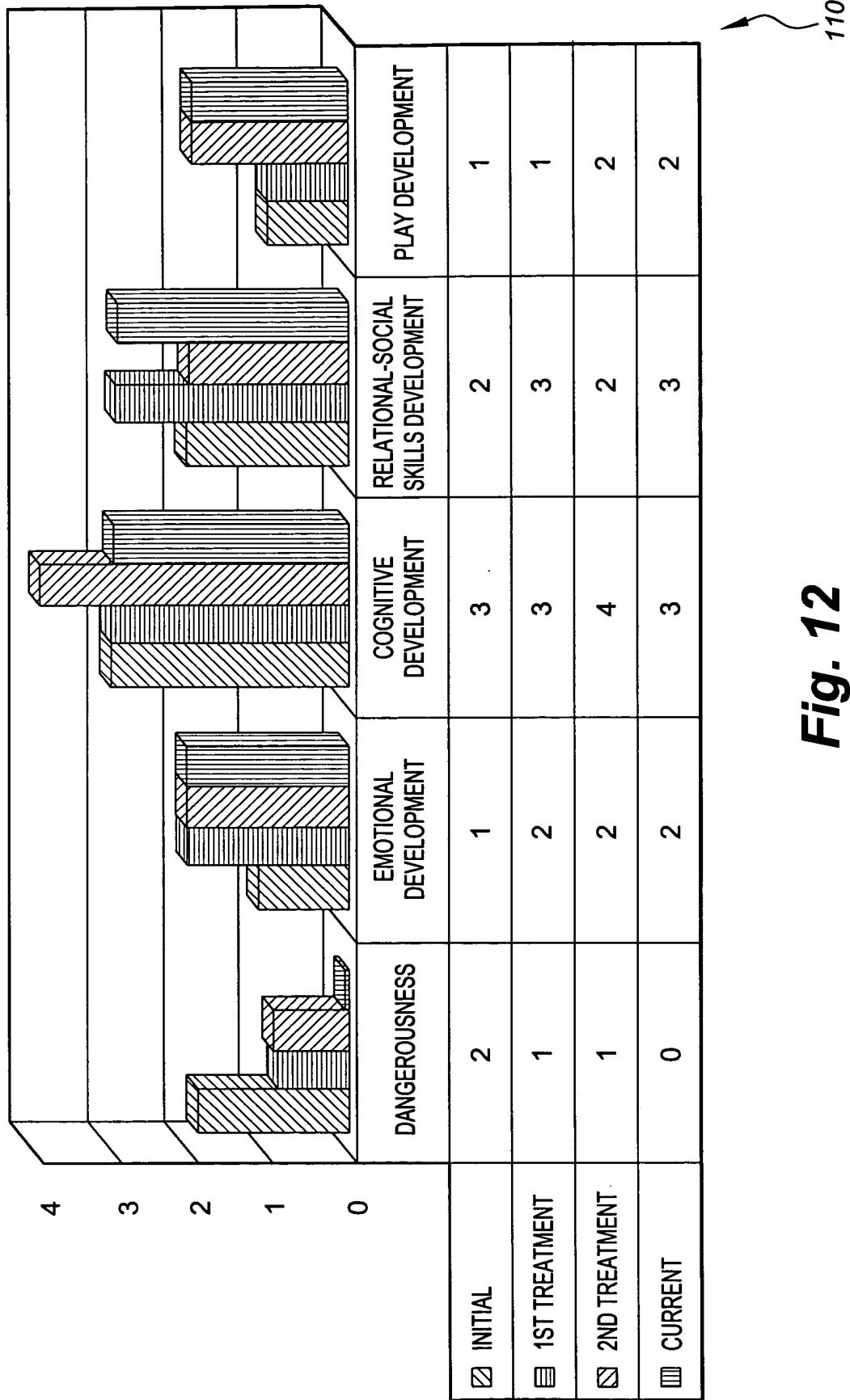


Fig. 12

BSM Name	24
Clients Client General Information Strengths Greetings Family Values Assessment Treatment Plan Approach Summary Crisis Intervention Treatment Plan Signature Page	25
<input type="checkbox"/> Ethical Emotional Cognitive Relational Play	
<input type="checkbox"/> Global Domain Graph	

<input type="checkbox"/> Emotional Development Underlying assumptions: The body's basic functions and needs are understood and met (e.g. recognition of hunger or toileting).	
<input type="checkbox"/> Cognitive Development Basic assumptions: [The basic sensorial needs are met and integrated for the child (e.g. proprioceptive and vestibular needs).]	
<input type="checkbox"/> Relational Development Basic assumptions: [The basic tactile needs are understood and met (e.g. tactile defensiveness, etc.).]	
<input type="checkbox"/> Play Development Basic assumptions: [The child's gross and fine motor scores are relatively in tact. The degree to which they are not will inhibit the child's ability to participate in some activities.]	
	

Client Name: [Redacted]		Assessment	Treatment Plan Approach Summary	Treatment Plan	Crisis Intervention	Signature Page
Client	Client General Information	Strengths	Goals	Family Values	Assessment	
Global	Emotional	Cognitive	Behavioral	Play		
Mean	Description					
COGNITIVE DEVELOPMENT						
Level 1						
1.65	Basic Attention Concentration					
1.00	Verbal mimic					
1.32	Basic: Impulse Control (able to end a task w/o distractions)					
1.11	Basic: Laptop/Attention (walks/ deep patterns, body tired)					
1.00	Play by self/communicate					
1.25	Basic Motor Coordination					
1.20	Basic: Concentrated Attention (able to sit for 10 min)					
1.00	Awareness of routine					
2.20	Encoding of words					
1.00	Verbalabble					
Level 2						
1.41	Selective Attention					
1.00	Verbal patterning with friend or express with other modality					
1.08	Routine with prompting					
1.00	Basic: Multitasking (e.g. expressive/active or computer)					
1.10	Routine/day under understanding of sequencing/time					
1.00	Basic: ideas					
1.30	Intentional Concrete Manipulation					
1.40	Clarity					
1.50	Executive Motivation (recorder)					
1.00	Basic: Ability to delay gratification					
1.00	Basic: Fine motor skills					
1.00	Rule: Repetitive learning					
1.00	One step task comprehension (motor/sensory tasks)					
1.43	Basic: verbal math (skip count or basic signs of counting or count)					
Level 3						
1.20	Stabilized Focused Attention (duration 30s)					
1.00	Routes with emerged prompts (icons, etc.)					
1.00	General understanding of clock/ordinal time					
1.00	Verbal memory (e.g. 3 short sentences)					
1.00	Premediate impulse control					
2.50	Stabilized construction from pictures					
1.33	Eye-hand coordination (basic: coloring, use of mouse)					
1.00	Intrinsic motivation (fascinated/curious)					
1.00	1 to 10 step task comprehension (including start, growth, how many?)					
1.00	Word generate and/or encoding					
1.00	Basic: Understanding (written (large, small, more, less, etc. math in counting)					
1.00	Stabilized basic verbal expression					
1.00	Basic: Reinforcing (all)					
Level 4						
1.00	Representational: spatial construction (e.g. demonstrate a concept)					
1.00	Route w/o prompting					
1.00	Complex: contracts writing					

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Fig. 14

File Edit Help

SC-MT Name _____

Chart Client General Information | Stories | Questions | Family Voices | Assessment | Treatment Plan Approach Summary | Treatment Plan | Crisis Intervention | Signature Page

2 Text Summary

1a-1 Antecedent environmental behaviors manifest in the home leading to goal:

Specific Observable Goal with regards to potential self-injury due to factors in the home environment:

Target Date:

Specific TSS Intervention Strategy by setting:

Community:

School:

Home:

Child's response to strategy by TSS:

Recommended Specific Intervention Strategy by setting for other Caregivers:

Community:

School:

Home:

Child's response to intervention by caregivers:

Specific role of BSC in this intervention:

Specific timing and methods of generalizing/teaching skills to empower child and caregivers:

216

3 Description of a child's behavior

Safety/Aggressive level

Home environment: danger, opening cabinets, operating doors, etc... dependent.

Community environment: danger, etc... dependent.

Lack of awareness of danger, either specific or contextual

Physical safety: Hitting, Biting, Grabbing

Lack of awareness of danger, either specific or contextual

Emotions: Anger, and frustration

Emotional Development

Emotional expression of needs that fit into dangerousness, either

Emotional recognition, labeling, and expression of loss, anticipated loss, or pain

Emotional recognition, labeling, and expression of other feelings

Cognitive Development

Ability of child to read his/her environment and make decisions or conclusions

Child's environmental boundaries

Consideration of cues in environmental structure to increase generalization

Visual alerting state

Auditory/Olfactory alerting state

Hand/Oral skills (includes eating, drinking, and oral communication)

Increased visual recognition, understanding

Increased auditory recognition, understanding

Ability to understand and recognize discrete tasks needed to perform a behavior

Ability to understand and generate discrete tasks into a whole

Ability to understand and generate across contexts

Reinforcement development skills

Long term Organization skills

Self-sufficient organization (able to eat, clean, dress, etc...)

Gross motor

Physical Development

Interaction with objects in the world

Interaction with people outside of routine exercise, etc...

Interaction with people outside of routine exercise, children

Play Development

Play interaction with objects designed to increase generalization of concepts

Interactive gross motor play designed to increase play skills

Interactive gross motor designed to teach play and advancing ideas

Development of recreation and relaxation

Continue New Search Print

Fig. 15

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Safety Issues:	2.00	Severe Safety
Aggressive Issues:	3.00	Severe Aggression
Emotional Development:	2.06	Domain Significant
Cognitive Development:	1.04	Domain Significant
Relational Development:	1.50	Domain Significant
Play Development:	1.00	Domain Significant

Typically this level of relational development is couple with significant withdrawal.
WARNING!!: this level should not be mistaken with lack of the child's desiring relationship.
 Play skills also need to be monitored.



Fig. 16

File #:	Ref #:	Ref Date:	Ref by:
First Name:	Last Name:	Address:	City:
Phone:	Phone:	Phone:	Phone:
Client General Information			
Client Name:		Street:	City:
Phone:		State:	Zip:
Social Security:		Assessment:	Intervention Plan:
Assessment:		Crisis Intervention:	Intervention Plan:
Intervention Plan:		Crisis Intervention:	Intervention Plan:
Crisis Intervention Plan:			
<p>Crisis Intervention plan:</p> <p>224</p> <p>I</p> <p>Emergency Contact Person(s):</p> <p>Emergency phone number(s):</p> <p>Primary Physician Name:</p> <p>Primary Physician Number:</p> <p>Primary Hospital Name:</p> <p>Primary Hospital Number:</p> <p>Child's known allergies or other important medical information:</p> <p>Type of Crisis:</p> <p>Intervention recommended:</p> <p>Type of Crisis:</p> <p>Intervention recommended:</p>			

Fig. 17

Fig. 18

E6X		202									
File: E6-1460		Doubtless, Aggressive Testimony									
SSC M/T Name: [REDACTED]		[REDACTED]									
Details General Information Standard Questions Questions Family History Assessment Treatment Plan Approach Summary Treatment Plan Child Intervention Signature Page											
QUESTION											
ANSWER											
1	1	Child hits bangs or hits self with hands or feet									
2	1	Child breaks own skin by picking									
3	4	Child breaks own skin by hitting an object									
4	4	Child breaks own skin by hitting an object									
5	4	Child breaks self by hitting									
6	4	Child breaks self by picking									
7	4	Child breaks self with objects									
8	4	Child hits/bites other									
9	4	Child hits others and others break with a broken									
10	4	Child scratches or pinches others to the point of drawing blood or broken									
11	1	Child hits or objects to no apparent reason									
12	1	Child breaks objects when angry									
13	1	Child breaks specific objects to break when angry									

Fig. 19

Page: 1 Children's Paraclete Utilizing BASTP - Treatment Plan

Date: 8/14/2003 1:21:04

Children's Paraclete® Utilizing BASTP

Child/Adolescent Name: _____ DOB: _____

Contact Person: _____ MCO _____ #:

Agency #: _____ Date of Plan: _____

Treatment Plan Author's Name: _____ Cycle of Plan: _____

Intervention Level: _____ Initial _____ Review Number _____

TSS Behavioral Specialist Addendum goals affected _____

Psychologist Addendum date: _____

Other _____

Strength Base: _____

Child's/Adolescent's: _____

Interests: _____

Activities: 222

Most valued accomplishments: _____

Way to relax and have fun: _____

Ways to calm self down: _____

Closest adults and reasons: _____

Closest friends own age and reasons: _____

Clubs or organizations joined: _____

Page 6 of 6

Fig. 20

Page: 1 Date: 8/14/2003 1:21:18 AM

Children's Paraclete Utilizing BASTP - Crisis Intervention

Crisis intervention plan:

Emergency Contact person(s):

Emergency phone numbers(s):

Primary Physician Name:

Primary Physician Number: 228

Primary Hospital Name:

Primary Hospital Number:

Child's known allergies or other important medical information:

Type of Crisis: Intervention recommended:

Type of Crisis: Intervention recommended:

Crisis intervention plan:

Emergency Contact person(s):

Emergency phone numbers(s):

Primary Physician Name:

Page (of 1)

Fig. 21

Page: 1 Date: 8/14/2003 1:21:29 AM
Children's Paraclete Utilizing BASTP - Signature Page

Treatment Plan
Signature Page

Child/ Adolescent's DOB: / / Date of Treatment Plan / /

Fig. 22

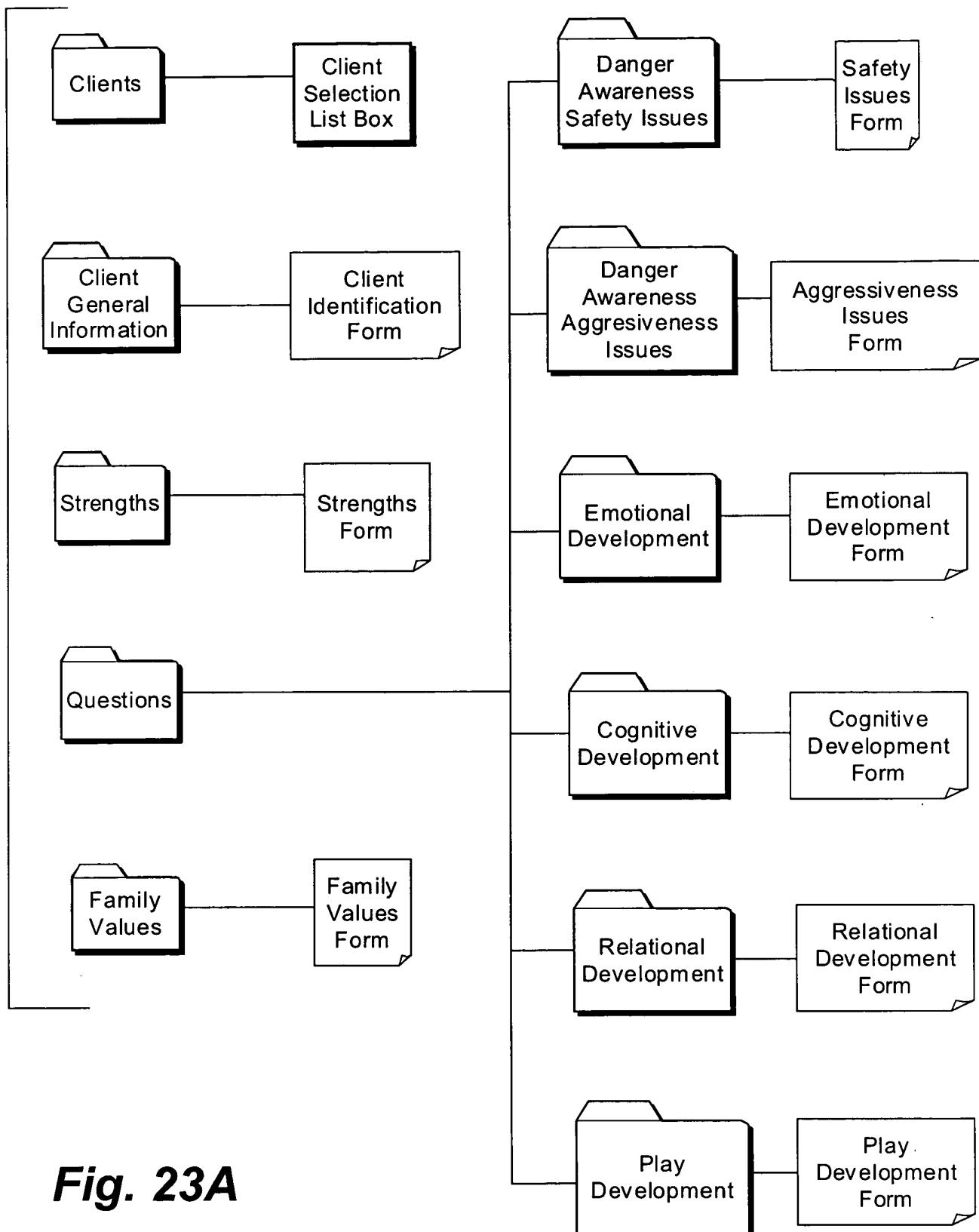


Fig. 23A

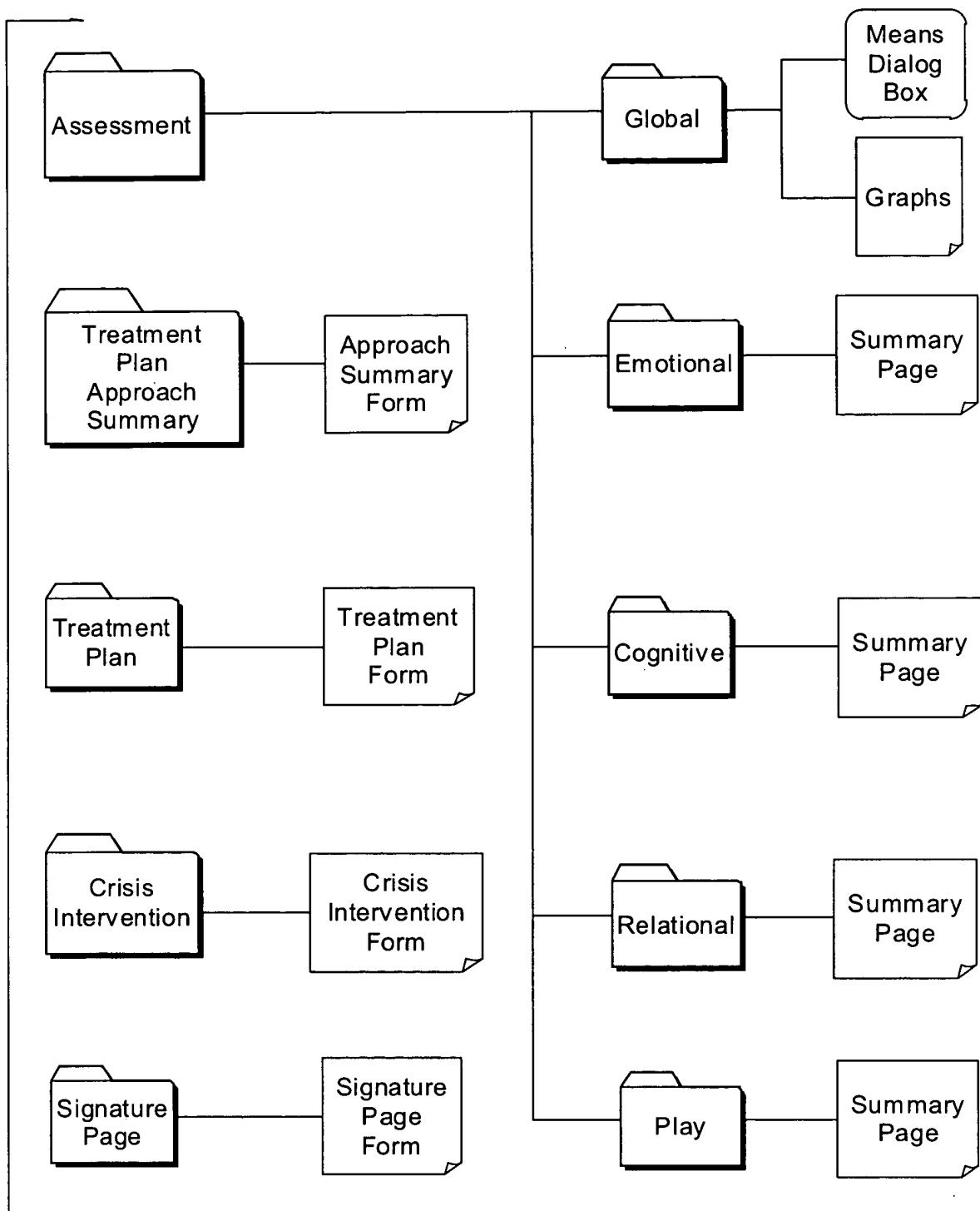


Fig. 23B

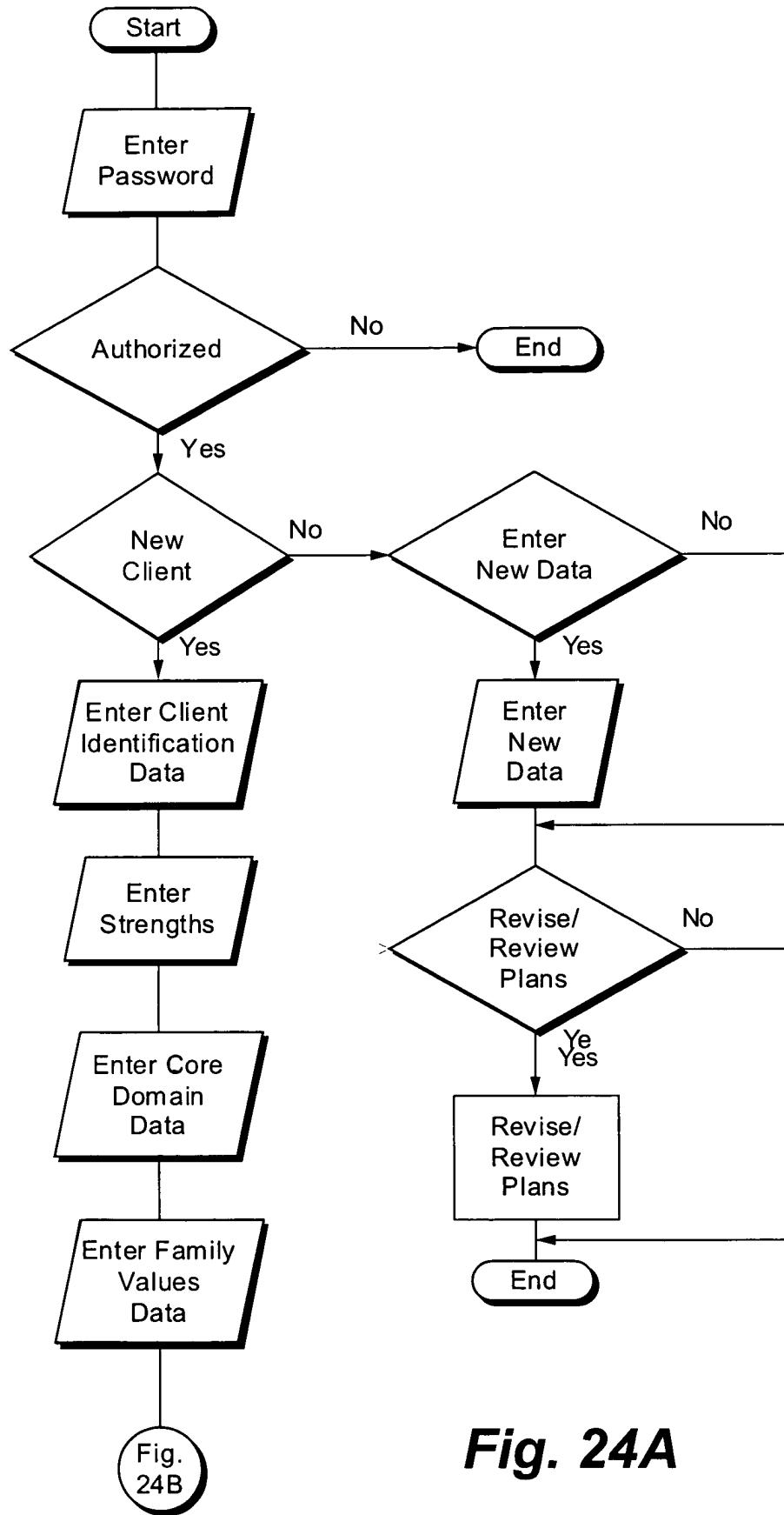


Fig. 24A

Fig.
24A

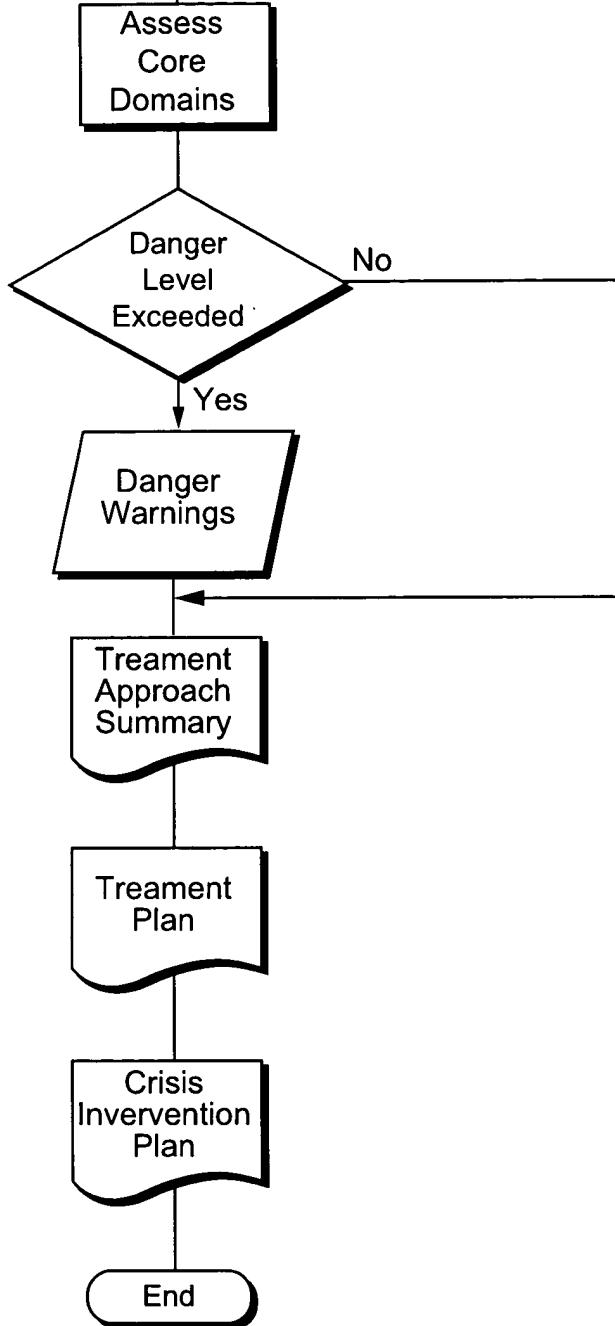


Fig. 24B